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CIVIL ACTION COVER SHEET		DOCKET NUMBER 197201/103	Trial Court of Massachusetts The Superior Court														
PLAINTIFF(S): ADDRESS:	Town of Bourne and Town of Bourne Fire Chief 24 Petty Avenue Buzzards Bay, MA 02532		COUNTRY Barnstable														
ATTORNEY: ADDRESS: EBO:	Robert S. Troy TroyWall Associates 50 Route 6A Sandwich, MA 02563 503160		DEFENDANT(S): ADDRESS: Buzzards Bay, MA 02532	MFF, Local 1717 c/o Bourne Fire Department 24 Petty Avenue Buzzards Bay, MA 02532													
			SUPERIOR COURT BARNSTABLE SS FILED MAR 06 2019														
CODE NO. D13	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side) TYPE OF ACTION (specify) Declaratory Judgment	TRACK A	HAS A JURY CLAIM BEEN MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
If "Other" please describe: Appeal of Arbitration Award																	
Is there a claim under G.L. c. 93A? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Is this a class action under Mass. R. Civ. P. 237? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A																	
<p>The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.</p> <p>TORT CLAIMS (attach additional sheets as necessary)</p> <p>A. Documented medical expenses to date:</p> <table> <tr><td>1. Total hospital expenses</td><td>\$</td></tr> <tr><td>2. Total doctor expenses</td><td>\$</td></tr> <tr><td>3. Total chiropractic expenses</td><td>\$</td></tr> <tr><td>4. Total physical therapy expenses</td><td>\$</td></tr> <tr><td>5. Total other expenses (describe below)</td><td>\$</td></tr> <tr><td colspan="2">Subtotal (A): \$</td></tr> </table> <p>B. Documented lost wages and compensation to date</p> <p>C. Documented property damages to date</p> <p>D. Reasonably anticipated future medical and hospital expenses</p> <p>E. Reasonably anticipated lost wages</p> <p>F. Other documented items of damages (describe below)</p> <p>G. Briefly describe plaintiff's injury, including the nature and extent of injury:</p> <p style="text-align: right;">TOTAL (A-F): \$</p> <p>CONTRACT CLAIMS (attach additional sheets as necessary)</p> <p><input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a). Provide a detailed description of claim(s):</p> <p style="text-align: right;">TOTAL: \$</p> <p>Signature of Attorney/ Unrepresented Plaintiff: X Date: March 5, 2019</p> <p>RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court. <i>[Signature]</i></p> <p>CERTIFICATION PURSUANT TO SJC RULE 1:18</p> <p>I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.</p> <p>Signature of Attorney of Record: X Date: March 5, 2019</p>						1. Total hospital expenses	\$	2. Total doctor expenses	\$	3. Total chiropractic expenses	\$	4. Total physical therapy expenses	\$	5. Total other expenses (describe below)	\$	Subtotal (A): \$	
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